A World Prepared: Global Preparedness Monitoring Board Strategic Plan 2021-2023

GPMB

GLOBAL PREPAREDNESS MONITORING BOARD

A World Prepared: Global Preparedness Monitoring Board Strategic Plan

2021-2023

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PART 1

Introduction

Preparedness is at the heart of the world's ability to manage outbreaks and emergencies with health consequences resiliently. Given the substantial potential social, economic and political impact of such health crises, preparedness must be kept squarely on the global political agenda, which requires advocacy at the highest levels.

1.1 Goal and mandate

The Global Preparedness Monitoring Board (GPMB) is a platform for high-level political advocacy towards the goal of making the world safer from the effects and impact of health crises. Comprised of political leaders, agency principals and world-class experts, the Board provides an authoritative, independent, comprehensive, inclusive global mechanism that apprises leaders, key policy makers and the world of system-wide progress towards increased preparedness and response capacity for outbreaks and other emergencies with health consequences. The Board monitors and reports on the state of global preparedness across all sectors and stakeholders, including the UN system, government, nongovernmental organizations and the private sector. The Board's scope includes outbreaks, pandemics, and other emergencies with health consequences, but excludes protracted humanitarian crises.[1]

The GPMB is co-convened by the WHO Director-General and the President of the World Bank.

1.2 Functions

The monitoring and advocacy functions of the Board are described in detail in its Terms of Reference.

The GPMB monitoring function is based on a framework with indicators across various dimensions of global health crisis preparedness. GPMB monitors and updates the world on risks and vulnerabilities, and the status of preparedness across governments, UN agencies, civil society and the private sector, and prioritizes

1. Minutes GPMB first meeting, 10 September 2018.

gaps in preparedness that require urgent attention. This function includes monitoring progress against the GPMB calls for action and commitments made by stakeholders.

The analyses and calls for action of the GPMB are based on scientific rigour and evidence that can be validated in a transparent manner. Metrics should assess a demonstrated capability to operationalize public health capacities. Rather than the mere presence of an institutional policy, metrics should assess also the extent to which these are operationalized, including science-based leadership.

Monitoring for preparedness must better reflect the contribution of sectors other than health, for example, social protection, R&D, measures to mitigate the socioeconomic impacts of epidemics and ensure continuity of essential services, travel and trade, business continuity, international cooperation, and the preparedness of international organizations. Metrics need to be more predictive as existing metrics were not able to predict countries' preparedness and response to the COVID-19 pandemic. This may involve integrating metrics for vulnerability and risk.

The GPMB advocacy function entails articulating evidence-based calls for action targeted to key decision makers; holding stakeholders accountable[2] for commitments made; and keeping health crisis preparedness high on the political agenda. The aim is to enhance global preparedness coordination and capacity and to galvanize community and national ownership for effective responses to health crises.

2. Accountability is based on moral authority, rather than formal authority.

1.3 Principles

The Board operates on the basis of the following principles of preparedness:

Universality

Pandemics and public health emergencies of international concern are by definition transnational events, and measures to address them must encompass all countries, communities and citizens.

Solidarity

All countries and all stakeholders should share the risks, responsibilities and benefits. Global health security should be based on commonality and solidarity.

Equity

Equitable access to information and pharmaceutical and non-pharmaceutical interventions is not only a moral necessity, but is essential for the control of disease. Failure to ensure equitable access prolongs outbreaks and pandemics, increasing preventable deaths, and contributing to even greater social and economic disruption.

People-centred

Managing the risk of disease outbreaks, epidemics and pandemics aims to 'protect persons and their property, health, livelihoods and productive assets, as well as cultural and environmental assets, while promoting and protecting human rights'.[3]

Multisectoral

Public health systems are at the core of health emergency preparedness and response, but preparedness and response also requires an all-hazards, multisectoral, coordinated approach that recognizes the links between human, animal and environmental health, and the importance of social protection.

3. Sendai Framework for Disaster Risk Reduction: https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf

Multilateralism

Global preparedness is not simply the sum of national preparedness. Preventing, preparing for, detecting and responding to health emergencies requires inclusive global mechanisms that ensure universal application for the protection of all people of the world from the international spread of disease.

Sustainability

Preparedness requires sustained political commitment, sustainable systems of prevention, surveillance and response, and sustainable financing for national, regional and global preparedness, including global goods.

1.4 The rationale for a GPMB strategy 2021-2023

The GPMB was established in 2018 for an initial period of five years. This strategy 2021-2023 covers the remaining period of its term, based on a review of achievements, lessons and context, including the COVID-19 pandemic. This strategy reaffirms the purpose, scope and functions of the Board, and indicates strategic priorities for the two main functions of the GPMB, monitoring and advocacy. The strategy presents a theory of change to define the Board's contribution to global preparedness and a results framework to measure GPMB progress and success. The final section describes the GPMB ways of working including governance and implementation arrangements.

The GPMB strategic plan will need to retain flexibility and be reviewed regularly. Ongoing evaluations of the COVID-19 response may lead to changes in the global governance of preparedness, which in turn may influence the future work and mandate of the GPMB.

An evaluation of the GPMB will be needed in 2023, to assess the impact of its work, and determine future needs for monitoring and advocacy for global health emergency preparedness.

PART 2

Review of GPMB achievements and lessons

2.1 The work and impact of the GPMB since 2018

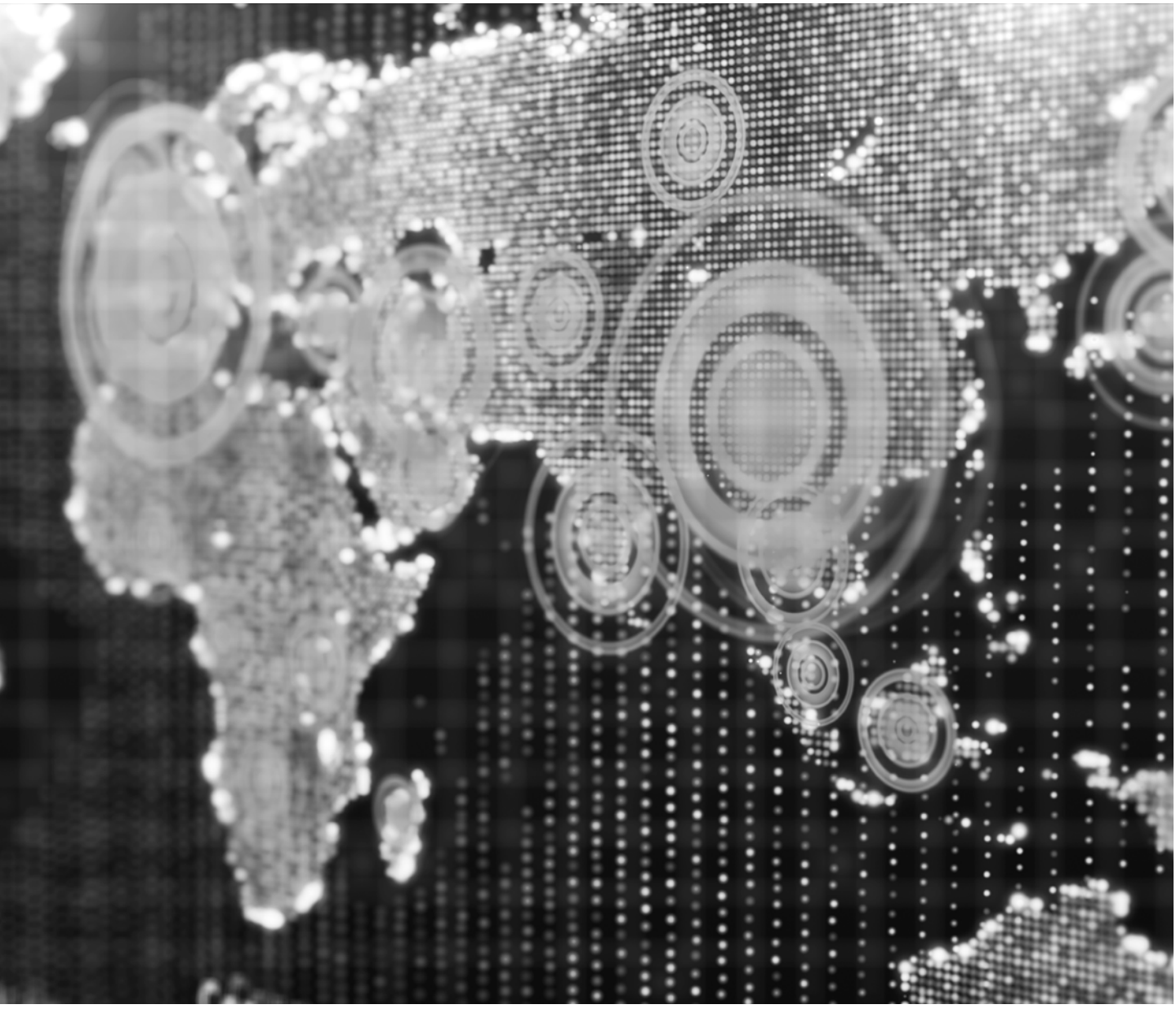
The GPMB has highlighted critical gaps in preparedness. In its first Global Preparedness Report, "A World at Risk" the Board focused on infectious hazards manifesting as epidemics and pandemics. The Board analysed evidence and commissioned seven review papers to explore the challenges of preparedness through various lenses: governance and coordination; country preparedness capacities; research and development; financing; enhancing community engagement and trust; preparing for and managing the fallout of a high-impact respiratory pathogen pandemics; and, lessons learned by recent outbreaks of Ebola virus disease in Africa. The Board identified areas where preparedness efforts were working or faltering, concluding that the world was at acute risk for devastating regional or global disease epidemics or pandemics. In the second Global Preparedness Report, 'A World in Disorder", the GPMB analysed critical lessons from the COVID-19 response for global preparedness. The report highlighted responsible leadership and citizenship, as well as the adequacy of systems and resources, as key factors for success, with good governance as a unifying factor for preparedness. The report also identified limited progress on the calls for action of the 2019 Global Preparedness Report.

The GPMB has called for action to address preparedness gaps. The 2019 Global Preparedness Report, "*A World At Risk*",[4] identified seven actions for leaders to prepare for the pressing threat of health crises, in particular high-impact respiratory pathogen pandemics. Calls for action were targeted at heads of government, multilateral institutions, development assistance funders, financial institution and regional platforms. The 2020 Global Preparedness Report,
'A World In Disorder'[5] called for action on five dimensions: responsible leadership; engaged citizenship; strong and agile national and global systems for global health security; sustained investment in prevention and preparedness, and robust global governance of preparedness for health emergencies.

The GPMB has mobilized its influence to increase preparedness activities and ownership. The launch of the 2019 and 2020 Global Preparedness Reports were important advocacy events

4. https://apps.who.int/gpmb/assets/annual_report/GPMB_Annual_Report_English.pdf
5. https://apps.who.int/gpmb/assets/annual_report/2020/GPMB_2020_AR_EN_WEB.pdf

resulting in numerous interviews and mentions in the media. Co-chairs and several Board members followed up on the calls for action at several important platforms, including the G20 Ministers of Finance & Health meeting; UN Group of Friends of Solidarity for Global Health Security; WHO Executive Board; Munich Security Conference; World Health Summit; Prince Mahidol Award Conference and the Ministerial meeting of the Global Health Security Agenda. In March 2020 the Board released a statement calling for US$ 8 Billion to scale up the global response to COVID-19.[6] The GPMB also maintains ongoing high-level engagement with WHO and the World Bank as co-conveners.



6. https://apps.who.int/gpmb/assets/pdf/COVID_19_Press_Release_GPMB_9Mar.pdf

2.2 Challenges and opportunities

A strategic review[7] of the GPMB identified the following challenges and opportunities to be addressed in the GPMB strategy for the remaining years:

The COVID-19 pandemic presents opportunities and challenges for the GPMB.

The pandemic confirmed the conclusions of the 2019 Global Preparedness Report and brought attention to health crises preparedness and response at all levels, including the highest political levels. The pandemic increased the visibility of the GPMB and offered important lessons on how to define and monitor global preparedness. The pandemic also challenges the Board's focus on preparedness in a context consumed by response issues, and challenges Board operations amidst increased demands on Board members.

Diverse perspectives on the GPMB mandate and scope, in an evolving pandemic response environment.

As the global context changes, needs and opportunities evolve, opinions within the Board vary on how to interpret the Board's terms of reference, including to what extent the GPMB should address health crises beyond pandemics, response issues beyond preparedness, or should be involved in development of the solutions for which it calls.

Limited prioritization in both monitoring and advocacy functions.

In order to be effective, the Board needs to strategically prioritize issues to monitor, prioritize calls for action and target advocacy messages to specific audiences, especially given its limited human and financial resources.

7. Undertaken in December 2020 as part of the strategy development process.

Lack of an agreed global preparedness monitoring framework.

The monitoring function of the Board critically depends on agreed dimensions and metrics for global preparedness, to be assessed regularly to provide evidence for conclusions and calls for action. Whilst dimensions for a monitoring framework have been proposed, work is still ongoing to finalise a framework.

Limited attention to sectors beyond health.

One of the lessons from the COVID-19 pandemic articulated in the 2020 Global Preparedness Report is that strong and agile health systems are necessary, but not sufficient for preparedness. The 2020 GPMB report proposes additional dimensions for monitoring global preparedness, and the membership of the Board will need to be expanded to include expertise in relevant sectors.

Inadequate communication.

GPMB and its Global Preparedness Reports are not widely known despite communication efforts. The GPMB needs to ensure that its calls for action are more effectively disseminated and promoted. A communication and advocacy strategy can strengthen the GPMB advocacy function.

GPMB working processes have been challenged by the COVID-19 crisis.

Face-to-face board meetings and discussions became impossible, and some Board members had less availability, while the pandemic resulted in additional opportunities and work. The sherpa group effectively filled a gap by supporting the secretariat in preparing and following up Board meetings, and roles and responsibilities have been redefined.

Independence of the Board and its members provides unique value, and moral authority to GPMB calls for action.

Real and/or perceived independence is affected by the Board's relationship with its co-convenors (especially WHO as host of the Secretariat); the role of the sherpa group versus the Board members; and the role of Board members if they represent governments or GPMB funders. The Board does not have a conflict of interest policy.

Poorly developed results framework.

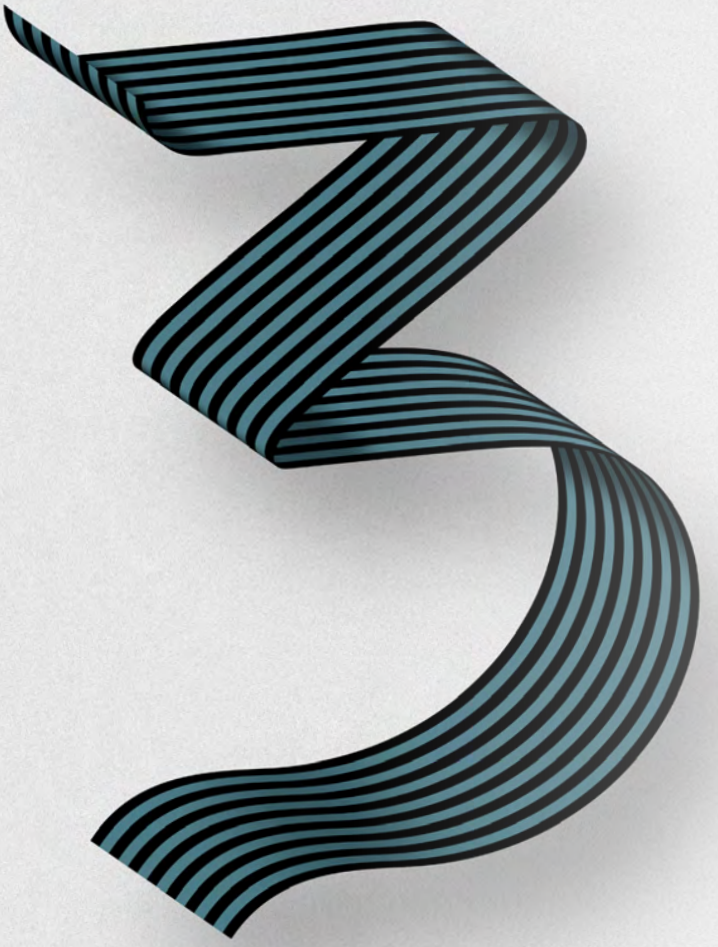
In the absence of the Theory of Change, it is a challenge to explain attribution or contribution of the GPMB to the common goal of global preparedness among multiple other actors. Also, the GPMB has yet to define measures of success for its own functions (monitoring and advocacy) in relation to global preparedness metrics.

Board resources are limited and not diversified.

Arguably, the Board could do more with additional resources. Importantly, a limited funder base can affect real or perceived independence.

The GPMB has good access to global policy platforms (e.g. G20, European Commission, WHO and the World Bank).

However, the work of the GPMB is less visible to top-level decision makers in lower- and middle-income countries.



PART 3

Strategic Plan 2021-23

3.1 Purpose and functions

The GPMB reaffirms its overall goal of making the world safer from the effects and impact of health crises, and its main functions of monitoring and advocacy. For each of these functions, strategic priorities for the period 2021-2023 are described below.

3.2 Theory of change and results framework

A Theory of Change (Annex 1) enables the Board to define success in terms of global preparedness outcomes and the Board's contribution to global preparedness. In short, *if* the Board is able to monitor gaps in the world's preparedness (independently, based on evidence regarding all relevant dimensions) *and if* the Board is able to articulate high-level calls to action, to communicate them and to get buy in from key decision makers, while being supported by good Board governance and management, then the Board contributes to key decision makers' action that make the world more prepared to prevent or respond to health crises.

The GPMB results framework (Annex 2) defines indicators and means of verification for the Board's strategic objectives, as well as for global preparedness dimensions and metrics at outcome and impact level.

IMPACT

A world safer from the effects and impact of health crises

OUTCOMES[8]

1. Responsible leadership
2. Engaged citizenship
3. Strong and agile systems
4. Sustained investment
5. Robust global governance

GPMB STRATEGIC OBJECTIVES

1. Global preparedness monitoring framework and metrics agreed
2. Authoritative updates on state of preparedness produced
3. Actionable, well-targeted calls for action to strengthen preparedness produced
4. Key stakeholders aware of and accepted GPMB calls for action
5. GPMB statements on preparedness recognized
6. GPMB visible and recognized
7. GPMB well governed and managed

8. Dimensions of preparedness to be finalized in the GPMB monitoring framework. Dimensions included are from the 2020 Global

3.3 Monitoring function and objectives

A key function of the GPMB is stringent independent monitoring and regular reporting of preparedness to tackle outbreaks, pandemics, and other emergencies with health consequences. Based on the lessons from the first two years and earlier conceptual work on the preparedness monitoring framework, the Board will work towards the following strategic objectives:

1. **Develop a global preparedness monitoring framework and metrics**

2. **Assess and update the state of global preparedness each year**

3. **Produce the annual Global Preparedness Report with calls for action to improve preparedness.**

Monitoring objective 1:

Develop and implement a global preparedness monitoring framework for preparedness

Integrating lessons from COVID-19 and past health emergencies, the GPMB Monitoring Framework for Preparedness will be developed on the basis of the following principles: forward-looking, more predictive, multisectoral, whole-of-society and risk-based approach. It will serve as a high-level framework for assessing progress with multisectoral preparedness at the global, regional and national levels. It will provide the metrics by which the Board will monitor the state of the world's preparedness, assess if the world is safer from health emergencies, and identify urgent gaps in preparedness where the Board can recommend action. The framework will include metrics to monitor the multisectoral dimensions of preparedness, including one health, R&D, financing, governance, citizen and community preparedness, socioeconomic preparedness and human development as well as the social, economic, environmental and political determinants of health emergencies. (See Annex 3 for a draft framework)

The Monitoring Framework will be published annually in the form of a dashboard which will show an assessment of the trends related to the social, economic, environmental and political determinants of health emergencies, progress on the different high-level indicators of preparedness and present a risk assessment.

This framework will not replace existing mechanisms and indices developed and managed by international organizations, such as, WHO, World Bank, OECD and OIE, and other institutions. Data will be collected by the organizations responsible for each data source; the monitoring framework will bring together the different data sources and synthesize them.

To support this process, the GPMB will rely on a global coalition of institutions and organizations involved in the different areas identified in the framework, such as WHO, WB, OIE, OECD, etc.

Monitoring objective 2 and 3:

Publish the annual Global Preparedness Report, providing authoritative updates on state of preparedness and calls for action to strengthen preparedness

Each Global Preparedness Report will contain an analysis of progress on the state of preparedness and identify critical gaps, plus an assessment of progress towards recommendations of earlier Global Preparedness Reports. Early in each year, the GPMB will decide on priority aspects of global preparedness to assess and report on in the Global Preparedness Report. Importantly, each report will present well-targeted calls for action to national and global leaders and decision makers.

3.4 Advocacy function and objectives

The second function of the GPMB is to serve as a unique platform for high-level political advocacy to make the world safer from the effects and impact of health crises. The Board is uniquely positioned to engage at the highest levels of decision-making and mobilize partner organizations, institutions and individuals.

The key decisionmakers that the Board seeks to influence, individually and collectively, are heads of state and government and leaders of major international organizations. The Board also works through relevant organizations and individuals that help to amplify GPMB calls for action and reach decisionmakers. Specific individuals and institutions will be identified as the priorities of the GPMB emerge and it is clear what actions need to be taken by which actors to improve health emergency preparedness.

The GPMB advocacy plan has the following objectives:

1. **Secure commitments from key stakeholders to respond to the GPMB calls for action as outlined in the Global Preparedness Reports.**

2. **Ensure that preparedness remains a priority on the global political agenda.**

3. **Improve the profile of the Board as an independent, authoritative body on monitoring and accountability for health crisis preparedness.**

Building on the work that the GPMB has done to date and lessons learned, the advocacy approach will be more targeted and intentional. GPMB advocacy and communication will be focused on preparedness, while recognizing that the monitoring function is broader in scope, from health crisis prevention to response and recovery. The GPMB will balance engagement with a broader group of stakeholders beyond the health sector, with highly targeted outreach.

Advocacy objective 1:
Secure commitments from key stakeholders to respond to calls for action in the Global Preparedness Reports

The primary advocacy tool of the Board is the annual Global Preparedness Report. The GPMB will identify a limited set of priority calls for actions within the Report on which it will focus its advocacy efforts.

The Board will focus its advocacy on these priorities, many of which will require sustained advocacy over several years, for example, the Board's calls for a UN Summit on Global Health Security and an international framework for health emergency preparedness and response; mechanisms to ensure sustainable financing for global public goods for preparedness and response; and equitable access to countermeasures.

Outreach to stakeholders will be strategic and prioritized to effectively influence leaders and institutions responsible for taking the actions called for by the Board. Members of the Board will use their voices, individually and collectively, to advocate directly for these priorities, and also engage with stakeholders that can assist in amplifying the Board's messages.

Advocacy objective 2:
Ensure that preparedness remains on the global political agenda

Besides proactive advocacy on the Board's calls to action, the Board will be responsive to opportunities and evolving contexts to advocate for global preparedness. Prioritization will be critical, to efficiently utilise the

time and resources of the co-chairs, Board members and the Secretariat and use the voice of the GPMB most strategically. The urgency of the ongoing COVID-19 pandemic should not interfere with a good balance between both short-term and long-term advocacy perspectives. In order to support this function, the GPMB secretariat will maintain an up-to-date stakeholder database, identify advocacy opportunities and brief GPMB co-chairs and members on relevant preparedness initiatives and events (see Annex 4).

Advocacy objective 3:
Improve the profile of the GPMB as an independent, authoritative body for preparedness

The GPMB is a relatively new body, and has limited recognition among some key stakeholders, especially those outside of the health sector. The GPMB is not consistently referenced as an independent body or accurately recognized as being co-convened by the WHO and World Bank in media coverage. Communication efforts will distinguish its identity, history and influence to external actors and ensure that relevant stakeholders are aware of, adopt and amplify GPMB calls to action.

The GPMB's Twitter feed is a critical tool for raising awareness of the work of the Board, disseminating information, and amplifying relevant messages from actors in preparedness for health emergencies, and will grow further. The GPMB website will be restructured and refreshed to serve as a better resource for external audiences.

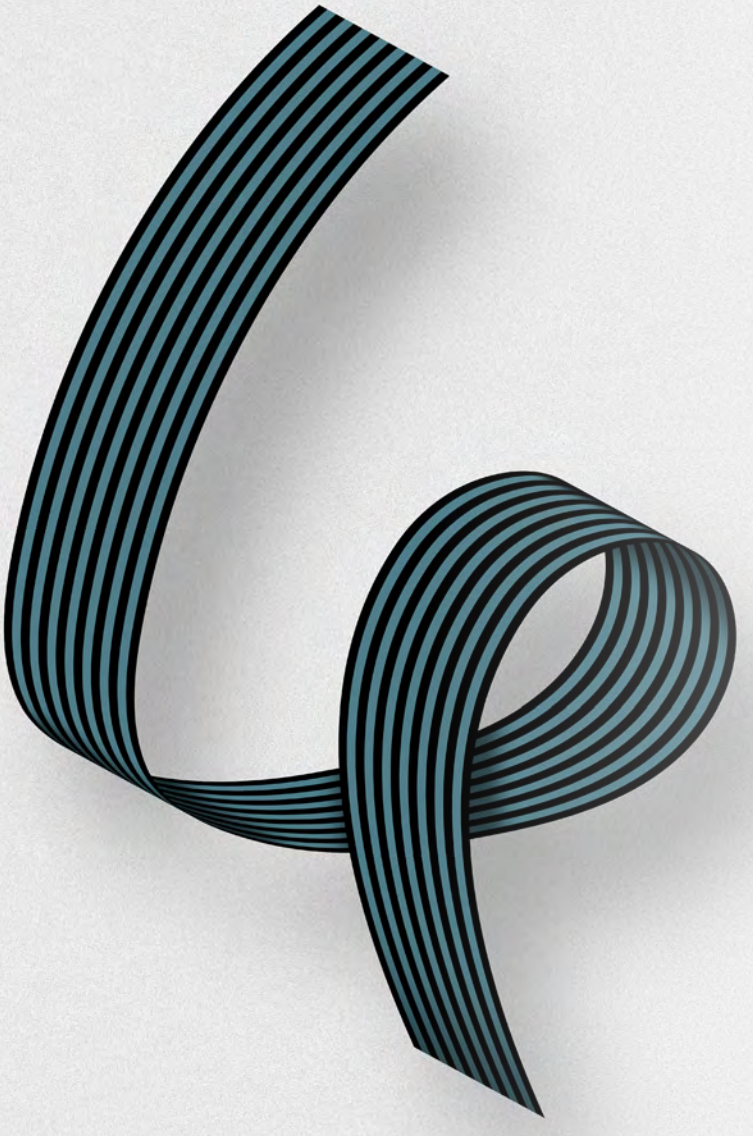
The GPMB will be consistently referenced by Board members in their relevant advocacy efforts. Communication activities will include op-eds and media interviews by the co-chairs, quotes and collateral for social media toolkits, publications, interviews, event promotions etc. Board members will proactively refer to GPMB in their internal and external communication when applicable.

4 Advocacy implementation

The primary responsibility for advocacy lies with the Board, its co-chairs and members. Board members will be encouraged to participate in the Global Preparedness Report launch, conduct bilateral briefings on the report for relevant stakeholders, deliver keynotes at key global events when invited to speak on behalf of the GPMB, include GPMB key messages in relevant speaking engagements, and conduct media interviews when requested o behalf of the GPMB(see Annex 4).

The GPMB secretariat is responsible for developing an annual advocacy and communications plan for the Board, based around the development and release of the Global Preparedness Report, supplemented by quarterly reviews identifying upcoming events, milestones and engagement opportunities. As part of the annual advocacy and communications plan, the secretariat will identify opportunities for engagement with key stakeholders and for reactive advocacy. The secretariat does not normally represent or speak on behalf of the Board.

Advocacy will be evaluated against the relevant outcomes in the GPMB Results Framework (see Annex 2). Process indicators will monitor implementation of advocacy and communication activities.



PART 4

Governance and implementation arrangements

4.1 Board composition and member responsibilities

The Board composition is described in the GPMB Terms of Reference. Members are appointed by the WHO Director-General and the President of the World Bank Group, in their role as co-conveners, and are selected on the basis of their leadership, reputation and capacity to perform their functions as a Board member, and with a view to ensuring diversity and balance in gender, geography and sectoral experience, in accordance with profiles proposed by the Board. Members are expected to exercise their functions in accordance with the principles of the Board and the code of conduct for WHO experts.[9] The method of work and working principles of the Board are described in the Terms of Reference.

Board members are expected to actively engage in Board meetings and to contribute to the Board's monitoring, advocacy and communications activities on the basis of their professional expertise and networks.

4.2 GPMB Sherpa group

The Board has established a 'sherpa group'[10] to work with the secretariat in ensuring the Board is supported effectively. The group plays a key role in preparing for Board meetings, developing the agenda and materials for the Board, ensuring that Board members are fully briefed beforehand, and in subsequent follow up. Sherpas work collaboratively within the group and share information with and seek guidance from their respective Board member. The sherpa group works most effectively when sherpas have access to their respective Member, to brief them and seek their guidance.

All Board members are encouraged to nominate a sherpa. The secretariat will provide direct support to those Board members who do not have a sherpa.

The sherpa group is not a subgroup of the Board and does not take decisions on behalf of the Board. Membership of the sherpa group is inclusive and consists of the person designated by each Board member. A sherpa is not an alternate to the Board member, but

9. https://www.who.int/docs/default-source/documents/doi-en-annexb.pdf?sfvrsn=8afe0d0c_8
10. GPMB Board meeting 30 March 2020.

may speak on behalf of a Board member unable to attend a Board meeting or teleconference, at the invitation of the co-chairs.

The key tasks for the sherpa group are to work with the secretariat in reviewing the work plan, the plan for the annual Global Preparedness Report, and to make plans and preparations for Board meetings. The sherpa group may also be able to assist with resource mobilization and to assist in the advocacy efforts of the Board.

The sherpa group meets virtually as and when required and also works off-line by email. The head of the GPMB secretariat normally chairs sherpa meetings and teleconferences. Brief reports of meetings are prepared by the secretariat and shared with the co-chairs.

4.3 GPMB Secretariat

The main functions of the secretariat are to support the co-chairs and board members in their monitoring and advocacy activities on behalf of the GPMB; to prepare for and support Board meetings; to facilitate the development of reports of the GPMB; to liaise with the co-convenors and other relevant organizations in the work of the GPMB; and to mobilize resources for the work of the GPMB and its secretariat.

The Secretariat is provided by WHO, and the composition is determined through consultation between the co-chairs and WHO. The head of the secretariat is appointed by the WHO Director-General in consultation with the co-chairs, and reports to the Board through the co-chairs. The responsibilities of the secretariat include:

a. **Providing administrative and technical support.** Planning, organization and follow up for Board, sherpa and subgroup meetings; annual work planning and reporting of GPMB activities; liaising with co-conveners and other relevant stakeholders; identifying and commissioning work from contractors/ researchers; and resource mobilization and budget management.

b. **Providing strategic support.** Strategic planning and priority setting for Board approval; regularly updating the Board on developments in preparedness through intelligence gathering, horizon scanning and stakeholder analyses; developing and maintaining the GPMB monitoring framework; drafting the GPMB annual report on the status of global preparedness for health crises and other reports and statements of the Board; and preparing an annual advocacy and communications plan, advocacy and communication messages, materials and tools, including the website and social media.

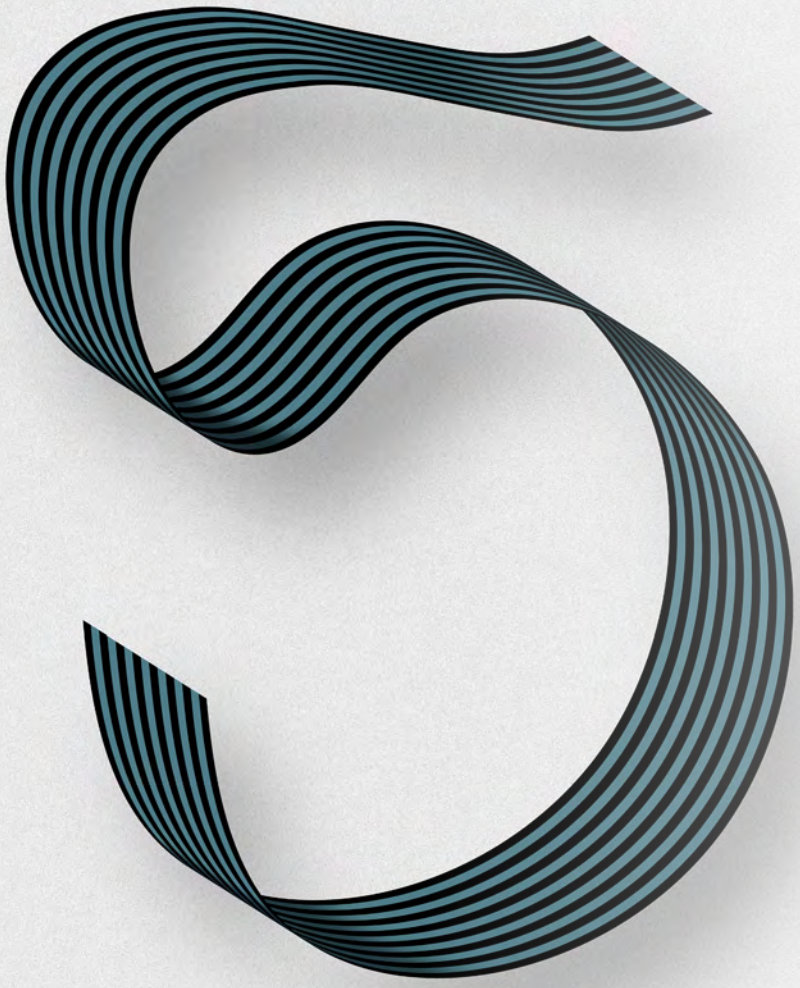
The GPMB has high standards of transparency and accountability. The secretariat is responsible for applying WHO financial regulations, rules, and practices to all funds administered by the Secretariat. The secretariat further provides the Board with regular reports on secretariat activities, and submits an annual report on the work of the GPMB to the Board and co-conveners.

4.4 Financing the work of the GPMB

The responsibility for mobilizing resources for the GPMB lies with the secretariat and the co-conveners, and in accordance with annual work plans adopted by the Board.

Since its inception, the GPMB has benefited from the financial support of several contributors.[11] In order to preserve its independence the work of the Board should be financed by a diverse group of contributors, with flexible pooled funding aligned with the work plan, and preferably from organizations that do not have a member on the Board.

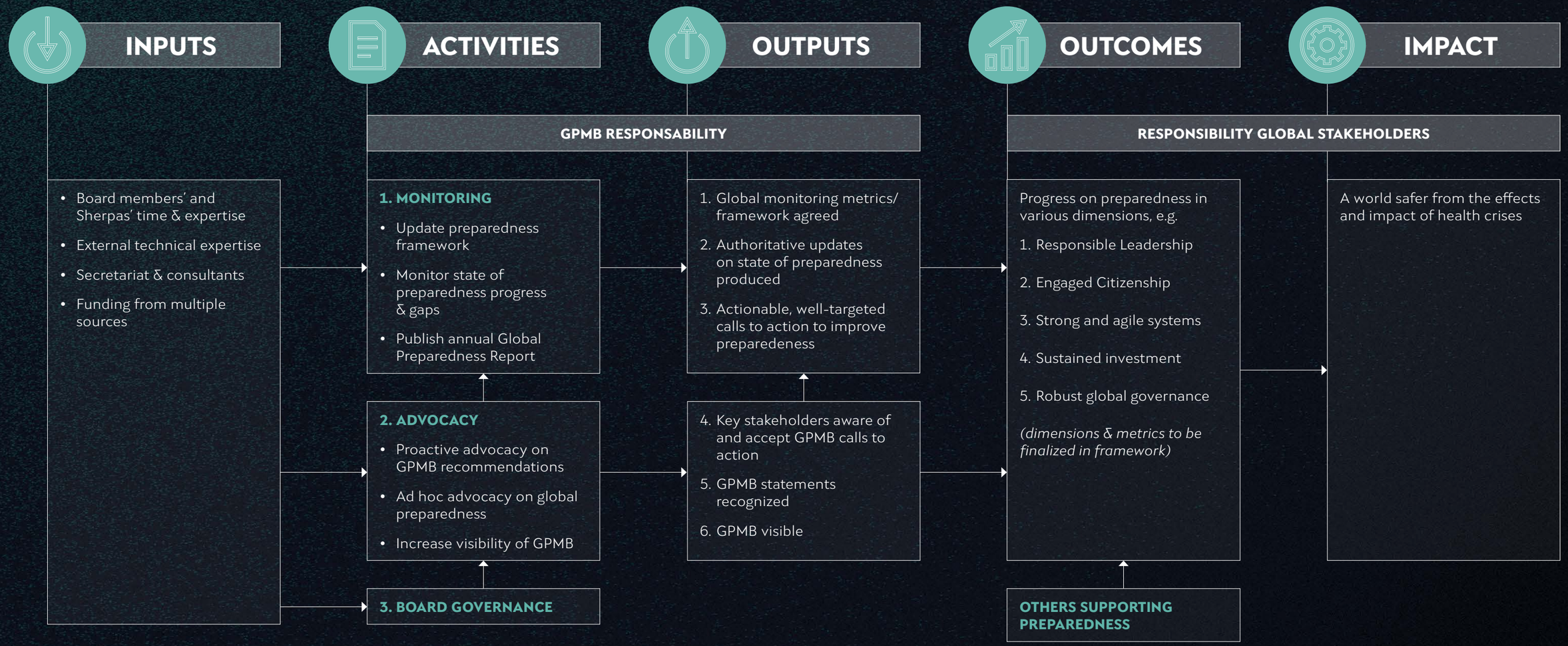
11. The German government, Resolve to Save Lives, the Bill & Melinda Gates Foundation, and the Wellcome Trust.



PART 5

Annexes

Annex 1: Theory of Change



ASSUMPTIONS

1. Co-convener support
2. External experts available

1. Board members available for GPMB work
2. GPMB Secretariat adequately staffed
3. Sufficient funding
4. Cooperation with co-conveners and other health emergency stakeholders

1. Targeted decision makers aware of,committed to & able to respond to GPMB recommendations
2. GPMB visible, recognized as independent and credible

Annex 2: Results Framework

RESULTS CHAIN	INDICATORS	MEANS OF VERIFICATION
Impact A world safer from the effects and impact of health crises	**Impact level indicators** 1. Health and socio-economic impact of health crises (mortality, morbidity, socio-economic effects) 2. Global health crisis risk index	• National/global health crises reports (WHO) • SDG reports (UN) • Monitoring framework
Outcomes[12] 1. Responsible leadership 2. Engaged citizenship 3. Strong & agile systems 4. Sustained investment 5. Robust global governance	**Impact level indicators** *(Indicators/metrics to be finalized in global preparedness monitoring framework)*	• Existing data sources: JEE/SPAR, GHSI, WHO GWP, etc.) • GPMB commissioned analysis
GPMB Results[13]	**Output level indicators**	
Monitoring 1. Global preparedness monitoring framework & metrics agreed 2. Authoritative updates on state of global preparedness produced 3. Actionable, well-targeted calls for action to improve preparedness produced	1. GPMB global preparedness dimensions and metrics 2.1 Annual update & analysis of preparedness framework and metrics 2.2 Annual analysis of specific preparedness issue(s) 3.1 Annual report contains a limited set of targeted, actionable & evidence based calls for action. 3.2 Additional calls for action developed for advocacy activities by Board members/ subgroups	• Framework exists • GPMB annual report • GPMB policy papers • GPMB annual report • GPMB annual advocacy plan • GPMB Board minutes
Advocacy 4. Key stakeholders aware of and accepted GPMB calls for action 5. GPMB statements recognized 6. GPMB visible	4.1 Stakeholder references to GPMB calls for action in policies, strategies etc. 4.2 Stakeholder action in response to GPMB calls for action 5.1 Use of GPMB talking points and/or reference to GPMB 6.1 Growth of GPMB Twitter audience 6.2 Accuracy of references to GPMB in media	• Annual stakeholder scan[14] • Annual stakeholder scan • Ongoing media tracker • GPMB Twitter account • Ongoing media tracker
Governance 7. GPMB well governed and managed	7.1 Evidence of Board members' participation 7.2 Evidence of effective Secretariat support	• Annual internal assessment • Annual internal assessment

12. Dimensions of global preparedness from 2020 Global Preparedness report. To be finalized in global preparedness monitoring framework.
13. As per the Theory of Change, results cover main functions (monitoring & advocacy) and Board governance
14. Stakeholder scan: annual horizon scan of external developments to inform Board agenda setting.

Annex 3: Draft GPMB Monitoring Framework

Note: This Framework is still under development.

Social, economic, environmental & political determinants of global health crises	Demographics, population growth, population movement, trust, climate change and biodiversity loss, poverty, agricultural practices and famine, conflict, inequalities, political climate, urbanization, NCDs, etc.						
Metrics and indicators	Inequity/inequality index, demographic data, biodiversity loss indicators, trust index, etc.						
Risk definition	Emergence of a zoonotic pathogen, re-emergence of a human pathogen or deliberate release of a pathogen that is undetected, spreads, causes sufficiently severe morbidity and/or mortality in humans, requiring medical interventions, for which we have no medical countermeasures or which requires the deployment of existing medical countermeasures and public health interventions and which has negative health, socioeconomic and geopolitical consequences. ("Health emergency with negative health, socioeconomic and geopolitical consequences")						
Risk assessment	Is the risk of a health emergency with negative health, socioeconomic and geopolitical consequences increasing or decreasing? Is the world safer from health emergencies with negative health, socioeconomic and geopolitical consequences? (determinants x preparedness)						
Preparedness	The world has the necessary knowledge, capacities, capabilities and resilience to prevent, anticipate, detect, respond to and recover from health crises due to infectious hazards.						
Areas of preparedness (mitigation measures)	**One-health interface and health systems:** public health capacities, IHR core capacities, universal health coverage, pathogen surveillance & reporting, response indicators, vaccination coverage	**R&D capacity and capabilities:** research, development, manufacture, regulatory, deployment and/ or access to medical countermeasures, financing for R&D	**Multisectoral preparedness:** whole-of-society, whole-of-government preparedness; preparedness of sectors beyond health, including business, security, travel and transportation, trade and supply chains, food and agriculture, etc.	**Financing for preparedness and response:** adequate (at scale required) sustainable, predictable financing for preparedness and response, including domestic financing, supporting preparedness in low- and middle-income countries and fragile states, early surge financing in response to health emergencies, financing for global common goods and financing for the socioeconomic impact of pandemics and epidemics.	**Global, regional, national and local governance preparedness:** capacity and capability to forecast, to organize and plan, to direct and lead, to coordinate, to implement and to assess performance; implementation of the following elements of good governance: accountability, transparency, equity, participation and the rule of law	**Citizen & community preparedness:** community engagement & involvement, including women and children, gender, communications including infodemic management and access to/use of digital technologies, engagement of citizens in preparedness and response	**Socioeconomic preparedness and human development:** economic and fiscal measures, social protection, education, labor, vulnerable and marginalized groups, including refugees and migrants, the elderly, informal sectors, etc.
High-level Metrics and indicators of preparedness (in development)	e.g. Reporting on zoonosis and emerging animal pathogens, Participation in IHR planning, review financing exercises, health workforce, access to essential health services	e.g. Global manufacturing capacity, global, regional or national stockpiles, total amount of financing for R&D, global and national systems for dispensing medical countermeasures during a public health emergency	e.g. Health emergency planning across sectors, involvement of sectors in global & national preparedness, strengthened supply chains	e.g. total amount of funding available for emergency responses, domestic health emergency preparedness financing (national health accounts), presence of a system	e.g. presence of national health emergency coordinators with sufficient reach, independence and authority, adequate accountability mechanisms	e.g. measures in place to prioritize the equitable distribution of benefits across all segments of the population, vaccine hesitancy, capacity of civil society organizations	e.g. access to digital technologies, preparedness plans include disadvantaged and marginalized social groups, health emergency planning include social protection measures

Annex 4: Advocacy Framework

OBJECTIVES	CO-CHAIR ACTIVITY	BOARD ACTIVITY	SECRETARIAT ACTIVITY
1. Key stakeholders respond to the GPMB calls for action in the Annual Global Preparedness Report	• Bilateral meetings with key stakeholders • Speaking at key global events on behalf of the GPMB • Include GPMB key messages in relevant speaking engagements, bilateral meetings and events • Media interviews • Participate in Annual Report launch event	• Bilateral meetings with key stakeholders • Speaking at key global events on behalf of the GPMB • Include GPMB key messages in relevant speaking engagements, bilateral meetings and events • Media interviews • Participate in or amplify the annual report launch via networks	• Maintain stakeholder database and analysis • Identify advocacy opportunities and strategically facilitate engagement • Draft GPMB statements • Briefings for GPMB co-chairs and members on relevant preparedness initiatives • Organize bilateral meetings for co-chairs with key stakeholders • Background briefings for relevant partners (updates on GPMB priorities, coordination of advocacy, feedback on activities etc.) • Plan & execute GMPB report launch event
2. Preparedness remains a priority on the global political agenda	• Issue statements on behalf of the Board • Bilateral meetings with key stakeholders • Speaking at key global events on behalf of the GPMB • Media interviews • Share priority GPMB messages through networks	• Bilateral meetings with key stakeholders • Speaking at key global events on behalf of the GPMB • Media interviews • Share priority GPMB messages through networks	• Maintain stakeholder database and analysis • Identify proactive and reactive advocacy opportunities and strategically facilitate engagement • Draft GPMB statements • Briefings for GPMB co-chairs and members on relevant preparedness initiatives • Organize bilateral meetings for co-chairs with key stakeholders • Background briefings for relevant partners (updates on GPMB priorities, coordination of advocacy, feedback on activities etc.)
3. Enhanced profile of the Board as an independent, authoritative body on monitoring and accountability for health emergency preparedness	• Author 1-2 op-eds/year • Provide quotes & other collateral for social media toolkits, publications, interviews, event promotions, etc. • Media interviews • Support the GPMB Twitter • Reference GPMB work when appropriate in external/internal communications	• Media interviews • Support the GPMB Twitter account • Reference GPMB work when appropriate in external/internal communications	• Develop annual workplan for GPMB advocacy and communications • Maintain database of media contacts • Prepare communications collateral for GPMB co-chairs and members (talking points, key messages, etc.) • Grow GPMB Twitter presence • Develop and maintain a dynamic GPMB website • Mobilize key influencers to amplify GPMB on social media

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